

MAINE FOREST SERVICE

Forest INSECT Survey Report Form

Your collection number (if any) _____ Sample provided - yes no Collection date _____

1. Name of insect (if known) _____

2. Host species affected _____

3. Township _____

4. DeLorme Map No. _____

5. Latitude/Longitude _____

6. If this report involves a need for assistance or refers to an area of moderate to heavy defoliation/damage, please attach photocopy from DeLorme and pinpoint location or construct map to show location of infested area_____→

7. Property owner and address (if different from collector).

8. Stand type - natural plantation landscape

9. Approximate size of trees: height _____ diameter _____

10. Number of trees beaten _____ checked _____

11. Degree of damage**: none _____ trace-light _____ moderate
 _____ heavy-severe

****Trace-light** = up to 30% of leaves, needles, twigs, branches, or trees affected

Moderate = 30-50% of leaves, needles, twigs, branches, or trees affected

Heavy-severe = over 50% of leaves, needles, twigs, branches, or trees affected

12. Type of damage: none _____ defoliation _____ wood borer _____ other _____

13. No. of trees affected: none _____ one _____ many _____ 14. Acres _____

15. Collector's estimate of trend compared to last year: up down same

16. Collector Comments _____

17. Collector _____

18. PO Address _____

Send or bring sample to: Insect & Disease Laboratory, 48 Hospital St., Augusta, ME 04330-6598

Fax (207) 287-2432

e-mail charlene.donahue@maine.gov

Diagnosis (Augusta Lab use only) Date received _____ Acc. No. _____

Determination and Comments _____
